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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Physical Examination of the Urethra in Cases of Stricture.
By Sir HENRY THOMPSON, Emeritus Prof. Clin. Surgery in University College Hospital.

GENTLEMEN: To-day our subject is to be, stricture of the urethra. It naturally comes next in order; but I take it next also because it is generally supposed to be one of the most frequently occurring affections of the urinary organs. Not that it is so; on the contrary, it is certainly not present in a great majority of those who fancy they are the subjects of stricture. Many persons suffering from

slight functional disturbance will come to consult you for "stricture." They do so because they find the stream a little twisted or forked, whilst nevertheless the urethra may be absolutely free from any organic change.

[After discussing the pathology and describing the symptoms of stricture, the lecturer proceeded to consider the mode of examining the urethra in order to ascertain the presence of stricture.]

For this purpose there are two separate modes to be followed, as there are two different objects to be attained, each of which is quite distinct from the other:—

There is, first, a simple examination of the urethra, to be used only for the purpose of verifying the presence or absence

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of any material deviation from the natural dilatability of the urethra;

And there is, secondly, a more minute and exact examination, in order to determine the precise condition of the urethra when it is already known, or there is reason to believe, that long-standing and perhaps considerable obstruction exists.

Now I need hardly say that the first examination is one which is applicable to the vast majority of cases; and that the second is necessary only in a few and exceptional cases. A very simple examination suffices to determine the question which so frequently comes before us—"Do certain not very considerable derangements of the urinary function in any particular patient arise from organic obstruction, and therefore require instrumental interference; or are they due to some other condition, for which instruments are not merely useless but would probably be injurious?"

Now, in reference to this subject, I find a tendency at the present day to employ instruments too readily, and instruments also which are liable to injure the urethra. This overreadiness to interfere with the urethra existed at the beginning of the present century. The mechanical school, as I shall take the liberty to term those who devise and largely employ more or less complex mechanical means for exploration, and for applying dilatation, cutting, or caustic to the unfortunate urethra, was then in the ascendant. I think I could amuse you for hours with the history of the surgical knick-knacks which have been produced by it. But our time is too valuable, and I will content myself with one illustration only of surgical practice in this country at the era I speak of. [Sir Henry Thompson then read some curious reported cases from the work of Sir E. Home, illustrating the extraordinary abuse of the bougie at that time.]

Following the period spoken of came the experience of mischief as its result, and a certain healthy reaction appears to have taken place. The practice of Sir Benjamin Brodie, who was subsequently so high an authority during his long career, was marked by caution and pru-

dence, and his admirable teaching insured a similar practice among others for some time. I may be allowed to say, perhaps, that my feeble voice has also been raised against the abuse of instruments from the first day that I ventured to pen a line on the subject, some two or three and twenty years ago. And now I perceive a growing disposition to return to the state of things I have referred to. I note an increased tendency to discover stricture, and especially to undertake a considerable amount of operative treatment for strictures of the slightest kind, and sometimes where, in my opinion, they do not exist. There seems now to be a school which has determined for itself a very high standard of patency in what we hear called the "urethral tube," and which is accordingly said to have, or, if it hasn't, that it ought to have, a calibre of so many parts, and very large parts, of an inch, or millimetres, as the case may be. Instruments of astounding magnitude are produced, and if one of them cannot be drawn, with an ease which contents the operator, through the whole of the urethra, the unlucky patient is pronounced to be the subject of stricture; and probably he is submitted to an operation by no means devoid of risk.

Now I don't know that this fashion has as yet been adopted here, but I do know that it exists elsewhere, and I raise my earnest protest against it. I feel it a matter of duty on my part to say what I think about treatment which I am perfectly certain neither you nor I would for a moment entertain the propriety of in our own proper persons; that is, if we entertain a due respect for that delicate passage which an intelligent acquaintance with it will insure. Let us for a moment revert to the natural form which the urethra takes when it is distended by some fluid material, and observe how unlike it is to the coarse simile of a tube of known uniform diameter. We have already seen that its natural capability for dilatation varies greatly at different points: being much limited at the junction of the membranous and spongy portions; limited again, but less so, and somewhat irregularly, in the anterior part; and again at

or near the meatus. Let me assure you also that there are few structures more delicate than the male urethra. Formed of an internal membrane of great tenuity, surrounded by elastic and muscular fibres, interpenetrated everywhere with ducts, fine bloodvessels, and nerves; the whole surrounded in front of the prostate with one of the most elaborate of vascular structures, known as erectile tissue; add to this the sensitiveness to pain of the internal membrane, equalling the conjunctiva in that quality, as any one may learn for himself by passing the softest instrument he can find. Lastly, and more important still, it possesses another form of sensibility, of a much graver kind, which even the last-named membrane does not possess: I mean a strong tendency to arouse, in the entire nervous system, a state of excitement, evidenced by the striking phenomena of rigors and subsequent fever and prostration, when slight mechanical injury has been done to any portion of it. Now let this picture of the urethra as it is, never be absent from your mind's eye when you put an instrument into it, and both you and your patients will profit. When, therefore, a young man consults you for certain troubles relative to which you desire to learn whether urethral obstruction be a cause or not, do not be tempted for an instant to adopt so unnecessary a course (to say the least) as the introduction of very large instruments, or instruments with huge bulbs at the end of them. But simply take a flexible English gum-elastic bougie, well curved towards the point, with a blunt end (since a tapering point, of course, will not mark distinctly the site of stricture), not larger, as a rule, than No. 10 or 11 of our scale, and pass it very gently and slowly into the bladder. If it goes easily—above all, if it is withdrawn without being held, and slides out with perfect facility, take my word for it he has no stricture, and, *quoad* obstruction, wants no use of instruments whatever.

I dare say I shall be told by some one, that there may be a urethra through which No. 11 can be made to pass, yet which is, nevertheless, the subject of some

degree of stricture which it is necessary to treat. Well, I do not deny the existence of that exceptional case. But such an example is very rare, and, further, no man who has the slightest delicacy of tactile sense in his fingers can fail to observe the difference between a No. 11 bougie sliding out with facility, and one which is grasped somewhat as it is withdrawn. This difference is always manifest in the two cases, and is, indeed, very notable. But supposing that the No. 11 stops at any point, and you have assured yourself that it is not one of the natural obstructions to the passage of an instrument through the urethra, of which I shall have to speak hereafter, you will try a smaller instrument of the same kind until you have arrived at one which does pass through and inwards into the bladder. But you may also test your observation by passing a soft tapering French bougie—11 or 12 English size—and if it is a natural obstacle which at first checked your blunt-pointed bougie, the former instrument will probably slip through without trouble.

Now, with reference to these bulbous-pointed flexible explorers, nothing is more easy, especially with an unpractised hand, than to deceive one's self with respect to the existence of stricture by means of them. If not drawn out accurately in the axis of the passage, you may feel a check, and readily find what you believe to be a stricture in the most healthy urethra. And that is precisely what I am so anxious to guard you against; for, in the hands of designing persons, these instruments may be turned to most unworthy purpose. For men outside the ranks of our profession, or holding a questionable position on its outskirts, these instruments are the very thing. That is an additional reason why we should be careful not to encourage their unnecessary use. I have used small bulbous instruments in metal for the diagnosis of narrow and confirmed stricture, on which it is desirable to operate, for twenty years, but for slight stricture never; and I have protested against their use on the two grounds already named: first, that for such the instru-

ment inflicts needless pain; secondly, that it is liable to deceive a young operator not too adroit or familiar with its use.

But now, in the second case—not that of the young man, but of the patient who has a confirmed stricture—the diagnosis has probably to be conducted with more attention to detail. I proceed as follows, making what may be called a “survey” of the passage. I commence by passing the soft, blunt-ended English gum-elastic bougie as far as it will go; and when this stops, as it may do within an inch or less of the orifice, I make a note of the distance, and next find what will pass with tolerable ease through the obstruction met with. Very likely a No. 4 or 5 (similar instrument to the preceding) will do so, and it may then be carried further to seek another check, which is not unfrequently met with at about five inches from the orifice. Through this, after a trial or two, a very small gum catheter—say No. 1 or 2—may probably be passed into the bladder, drawing off some urine, and so assuring you of its position. I know then the patient has, at all events, a narrowing near the orifice and another at the distance named. I may verify this at once with a bulbous instrument if I choose; but as long as the anterior narrowing exists, it is as well to postpone more minute research until it is divided, as considerable narrowing at that part always requires to be. Such a one, indeed, is never advantageously treated by dilatation. This being done, the No. 11 blunt-ended bougie is passed, and we learn whether any contraction exists in the interval existing between it and the spot originally marked at five inches. If there is one, the stopping of the bougie will indicate its situation. But if the bougie passes easily to the point just named, the canal is sufficiently open, and we have arrived at what, in ninety-nine cases out of a hundred, is the only remaining stricture; for it is rare indeed, where a narrow stricture exists at that distance from the meatus, that any other will be found beyond. This has next to be dealt with, and, as we are speaking now of old and confirmed cases, there is little doubt that

the best treatment will be internal urethrotomy. How to accomplish that most perfectly will be discussed in my lecture on that subject.

A word or two about the bulbous exploring instrument. It should, in my opinion, be of polished metal mounted on a slender metal rod or shaft. No other material slides so easily and smoothly through the urethra; and the necessity for it is, after all, not great, so that to employ one which produces much irritation, passes roughly, or distends unnecessarily, is to pay too high a price for the small amount of information it may convey. I am free to say that, although I used the metal bulbous instruments in the earlier part of my career, I can now, with more experience, attain all that is necessary without them. It is said that they enable you to ascertain the length of a stricture. In reference to this, let me tell you, first, that considerable narrowing almost never affects the urethra for any great distance. The passage is often partially implicated for half an inch behind and half an inch before the maximum point of narrowing—an important practical point in relation to operation; but the very narrow spot, which is what the exploring bulb indicates, is almost invariably short, within a quarter of an inch in extent. Secondly, you must take into consideration the fact that the mobility of the mucous lining of the urethra will deceive you if you are not aware of it. A very little pressure in front, on entering the stricture, or from behind, in withdrawing the exploring bulb, if it comes rather tightly through, changes the situation of the contracted portion considerably in relation to its distance from the external meatus.

I repeat, then, if you have to deal with a recent stricture, such a one as you naturally intend to treat by dilatation, the introduction of a large bulbous explorer is wholly useless, only produces unnecessary pain, and tends to excite inflammation.

But in view of any internal incisions for a confirmed or obstinate case, the important thing is simply to know where the

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narrowed points of the urethra are, and then it is not difficult to apply your cutting instrument properly to them.

But, before proceeding further, I wish to show you the proper mode of passing an instrument through the healthy urethra into the bladder, so as to avoid error arising from certain sources of difficulty which are *naturally* found there, and are often mistaken for stricture. Were the urethra a mere tube of uniform diameter, these would not exist. We shall observe in the particulars of its unlikeness to a simple tube, that such natural obstacles do exist, and have to be avoided.—*Lancet*, Dec. 11, 1875.

HOSPITAL NOTES AND CLEANINGS.

Treatment of Diseases of the Joints by Sulphuric Acid.—The treatment of diseases of the joints—especially of pulpy degeneration of the synovial membrane of joints—by the application of sulphuric acid to the diseased tissues has of late been tried by a few of the surgeons of some of our metropolitan hospitals. Though present experience is far too limited to allow of any definite conclusions being drawn as to the precise value of the remedy, or as to the exact place it should take in the treatment of joint cases, it may interest our readers to know what that experience amounts to, so far as we have been able to ascertain it.

It is now more than five years and a half ago since Mr. Pollock, in an interesting and instructive paper,¹ first directed the attention of the profession to the beneficial effects produced by sulphuric acid in the treatment of caries and necrosis. Mr. Pollock there states that he was led to try the acid as a solvent of diseased bone by having under his care a very aggravated case of syphilitic necrosis of the skull, in which, from the conditions, he was averse to any instrumental interference for the removal of the diseased portions, but in which it was clear that a very long period must elapse before exfoliation could take place if nature was unassisted by the surgeon. Subsequently,

in 1865 and following years, he employed it in other cases of syphilitic necrosis of the bones of the skull, syphilitic necrosis of the tibia, and necrosis of the tibia after fracture, also for the destruction of carious surfaces in cavities of bones, and of patches on the surface of deep-seated (*e.g.*, the pelvic) bones.

The mode in which the acid is employed is twofold—either to touch the diseased bone with a glass brush or rod dipped in the strong acid; or to use a mixture of acid and water in equal parts, or in the proportion of one part of acid to two, three, or six parts of water, and either syringe it into the cavity of the bone, or place some lint, soaked in the lotion, upon the surface of the necrosed portion.

In no one of a large number of cases treated in this way at St. George's Hospital and in private practice had any evil consequences been known to follow the application of the acid to diseased bone of any part of the body, nor had the remedy been found a painful one; and when the acid has been used diluted it has not caused uneasiness to, or irritation of, the soft tissues. The antiseptic qualities of the acid favour its use, for, by altering the character of the foul discharges which so often accompany diseased bone, it puts a stop to all disagreeable smell. Hence it is a valuable agent in necrosis of the jaw, because it modifies the fetor which affects the breath of patients so afflicted.

While inclining to the opinion that the early application of sulphuric acid rather tends to check the spread of caries and necrosis, Mr. Pollock remarks: "The real merits of the treatment lie in the limitation of the action of the acid to the diseased bone, in the perfect safety of the application, and in the fact that it produces no irritation of the soft parts."

Since the publication of that paper the experience of the acid at St. George's has been a good deal extended, and it has been, and still is, very freely and fully applied by Mr. Pollock in all cases of caries, and in necrosis where operation by instruments is not considered desirable—as in necrosis of the skull. The method of its application has continued to be by

¹ *Lancet*, May 28, 1870.

means of lint soaked in the solution, or the fluid has been introduced by means of a glass tube or bottle.

The excellent results following from the application of the acid to carious bone-surfaces have been so obvious to those who have had many opportunities of witnessing them, that Mr. Warrington Haward, in 1871, was led to try its effects upon the carious articular ends of the bones, and the suppurating synovial membrane of the knee-joint, in a child under his care in the Branch Hospital for Sick Children at Highgate. As this case is fully reported in vol. vi. of the Clinical Society's *Transactions*, it is only necessary to add here that the constitutional disturbance was scarcely, if at all, increased by the operation; the pain and amount of discharge rapidly diminished, and the patient's health quickly improved. At the end of five months the child was going about with a firmly ankylosed joint. The success in this instance encouraged a repetition of the treatment in others of a similar nature, and during the last four years Mr. Haward has treated as many as ten cases of diseased joints by the local application of the acid. Mr. Pollock has employed it for strumous affections of the ankle- and wrist-joints, complicated or not with caries, and he has also used it for strumous disease of the knee-joint since Mr. Haward's first case. At St. George's, Mr. Holmes and Mr. Rouse have also tried it on the knee-joint.

The plan adopted is to lay open the joint freely, and clear it out by passing strips of dry lint through it, so as to get rid of the coating of lymph and pus; then the joint is filled with lint soaked in a solution of sulphuric acid (one part of strong acid to two parts of water). By this means the pulpy synovial tissue is destroyed, and so also are the cartilage and the carious layer (if existing) on the articular surfaces of the bones. As a rule, the local application is followed in a few days by a slough of the surfaces, and parchment-like fragments come away through the openings into the joint. Both Mr. Pollock and Mr. Haward consider that when a joint is suppurating the amount of pus is at once lessened by the

local application, while it is seldom that any serious constitutional or local disturbance is produced by it. In fact, the acid converts an unhealthy, pus-secreting surface very rapidly into a healthy, granulating one, and in a very short time it appears to relieve constitutional irritation.

The advantages of the treatment, when successful, over excision are considerable: in the first place, it is a less formidable operation; secondly, it does not tend to shorten the limb as excision necessarily does; and thirdly, it allows of ankylosis in a slightly flexed position—a point upon which Mr. Pollock lays considerable stress. Mr. Callaway demonstrated years ago, in his own person, the inconvenience of ankylosis of the knee in the perfectly straight position. He was in the habit of showing that he could go upstairs only with great difficulty with his perfectly straight limb, and he believed that a slight amount of flexion would have been much better. Of the experience afforded by Mr. Callaway's case advantage has been taken by Mr. Cooper Forster and other of the surgeons of Guy's Hospital, who endeavour to obtain ankylosis of the knee in a position of slight flexion. When the treatment is unsuccessful, it in no way prevents excision from being afterwards performed.

The cases which seem most suitable to be thus treated are those in which the disease has had its origin in chronic synovitis, and gone on to ulceration of the cartilages, with perhaps superficial caries of the bones; whereas, the cases which are ill adapted are those in which the bone is very extensively diseased—i.e., diseased beyond the articular extremities, and at a distance beyond which the acid cannot reach.

But although the majority of cases which have hitherto been subjected to the treatment seem to have done well, it cannot be asserted that all have. For instance, two cases at St. George's have turned out badly. One was under Mr. Holmes, in reference to which he writes—in a footnote in his new work on "Surgery, its Principles and Practice": "I have lately had a case which proved fatal under this treatment. The child's parents having

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refused amputation, he sank from traumatic fever." Then, again, a child under Mr. Durham in Guy's Hospital was only saved by amputation. In the face, however, of an unsuccessful case, Mr. Holmes, though of course regarding the subject as still *sub judice*, speaks favourably, if guardedly, of the treatment, for he says (*op. cit.*, p. 432): "The treatment of carious joints by the application of strong sulphuric acid may, however, save many joints which would otherwise have been excised, and thus preserve the length and future growth of the limb, and at less risk to life."

While, then, the treatment of caries and necrosis by sulphuric acid may be admitted to have obtained, and to deserve, a recognised position, the use of the acid in the treatment of diseased joints is, as yet, in a state of probation. But, allowing for the accidents which may follow this as well as any other operation, it seems that the remedy, when properly applied (and repeated if necessary), is likely to prove a valuable substitute for excision, and possibly, in some cases, for amputation.—*Med. Times and Gaz.*, Dec. 11, 1875.

Ophthalmic Cases at Moorfields Ophthalmic Hospital. Saemisch's Operation for Hypopyon Ulcer.—Several cases have lately come under notice in which Saemisch's proposal of cutting across the centre of the cornea in cases of serpiginous ulcer with hypopyon has been carried out, and in most the success has been exceedingly good; in some, however, the treatment has proved troublesome, and it has been necessary to keep the wound open by the repeated use of the spatula for long periods. Before the publication of Saemisch's paper, Mr. Hutchinson was, he stated, in the habit of doing an iridectomy downwards, and he was by no means sure that he did not still prefer that method. The two plans had the same object in view—to diminish the tension on the inflamed cornea, and at the same time to evacuate the hypopyon. In many cases after an iridectomy the patient's pain is at once and permanently relieved; the hypopyon never re-forms, and the ulcer steadily heals afterwards. As there

is generally a central opacity resulting from the ulcer, the iridectomy method of treatment has the additional advantage of securing beforehand an artificial pupil. Mr. Hutchinson referred to Mr. Teale's able report on Saemisch's operation in a recent number of the *Ophthalmic Reports*, and quoted Mr. Teale's eulogy to the effect that it was a proposal second only in practical value to Graefe's operation for glaucoma. He was almost prepared to endorse this estimate if it were allowed to include iridectomy also. He wished, however, to insist strongly that neither of the two rival operations ought to be resorted to until after an efficient trial of the hot-fomentation plan. In a large majority of cases, corneal ulcers with hypopyon, if seen in an early stage, will do perfectly well if the patient be put to bed and the eye fomented constantly with a hot belladonna solution; but it must be almost literally constant, and as hot as the patient can possibly bear it. Anything short of this in these dangerous cases is usually only waste of time.

Treatment of Onyx with Hypopyon.—Onyx with hypopyon is a much less common condition than the serpiginous ulcer. By chance two interesting examples of it are at present attending. In each the onyx was central, and in neither at the time the treatment was begun was there any ulceration of the surface. In each of them the treatment ultimately adopted was an incision through the centre of the onyx into the anterior chamber. In the first the hypopyon repeatedly relapsed, and the onyx re-formed as soon as the edges of the corneal incision adhered. It was necessary to use the spatula every morning for nearly three weeks. A fairly satisfactory cure was at length obtained. The second case is still under treatment. Mr. Hutchinson stated, in respect to these cases, that they were the only ones in which he had employed the incision for onyx, and that in neither of them had the result been so definitely good as to tempt him in the future to forego a patient trial of the fomentation plan before resorting to operation.

Retinitis Hemorrhagica as a consequence of Gout.—An interesting case in confirma-

tion of the opinion that retinal hemorrhages are particularly prone to occur in the subjects of gout came under notice the other day. The patient, an elderly man, came on account of cataract in one eye, but, in taking his history, it was discovered that he had suffered severely from gout. Ophthalmoscopic examination of the non-cataractous eye, which he considered to be quite sound, revealed the presence of two flame-shaped patches of extravasated blood near to a large retinal vein and artery. Mr. Hutchinson remarked that he had long held that the cases of typical retinitis hemorrhagica occurred almost solely in the subjects of gout. This case was not one which could be definitely placed in that category, since the hemorrhages were not numerous, and there was little or no evidence of inflammation of the retina. Still, however, their presence was of interest in reference to the opinion that there was a special tendency to retinal hemorrhage in gouty patients.—*Lancet*, Jan. 1, 1876.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Immobility of the Lower Jaw.—Dr. W. F. WESTMORELAND has published (*Atlanta Medical and Surgical Journal*, Jan. 1876) some remarks on this condition, with the relation of several cases upon which he has operated, and gives a figure of an elevator which he has had constructed and employed for separating the jaws. He states "that in some of our standard works on surgery this affection is entirely ignored, by others barely mentioned, and in no work does it receive the attention which its frequency, its distressing character when complete, and the difficulties attending its treatment demand."

It is somewhat remarkable that he had overlooked the almost exhaustive remarks on this affection by Prof. Gross in his, we had supposed well-known, *System of Surgery* (vol. ii. pp. 480-2, fifth edition), and the two cases related by the late Prof. Mott (*American Journ. Medical Sciences* for Nov. 1829, pp. 102-4), who figures an instrument which he employed to separate the jaws, which is a modification of

one figured by Scultetus more than 200 years since (*Armamentarium Chirurg.*), and subsequently reproduced by Heister in his celebrated work (*Institutions of Surgery*, Pl. II., Plate XX. fig. 102). It is also figured by Prof. Gross, who likewise figures another instrument which he considers as superior to that of Scultetus for separating the jaws and breaking up morbid adhesions.

Inebriate Asylums.—At the meeting of the Association of Medical Superintendents of Insane Asylums the following resolutions, which are entitled to the respectful consideration of our legislators, were adopted:—

"Resolved, That, in the opinion of the Association of Medical Superintendents of American Institutions for the Insane, it is the duty of each of the United States, and of each of the Provinces of the Dominion, to establish and maintain a State or public institution for the custody and treatment of inebriates, on substantially the same footing, in respect to organization and support, as that upon which the generality of State and Provincial institutions for the insane are organized and supported.

"Resolved, That as, in the opinion of this Association, any system of management of institutions for inebriates under which the duration of the residence of their inmates and the character of the treatment to which they are subjected is voluntary on their part, must in most cases prove entirely futile, if not worse than useless; there should be in every State and Province such positive constitutional provisions and statutory enactments as will in every case of presumed inebriety secure a careful inquisition into the question of drunkenness and fitness for the restraint and treatment of an institution for inebriates, and such a manner and length of restraint as will render total abstinence from alcoholic or other hurtful stimulants during such treatment absolutely certain, and present the best prospects of cure or reform of which each case is susceptible.

"Resolved, Further, that the treatment, in institutions for the insane, of dispo-

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maniacs, or persons whose only obvious mental disorder is the excessive use of alcoholic or other stimulants and the immediate effects of such excess, is exceedingly prejudicial to the welfare of those inmates for whose benefit such institutions are established and maintained, and should be discontinued just as soon as other separate provision can be made for the inebriates."—*Am. Journ. of Insanity*, Jan. 1876.

Triplets.—Dr. J. B. ROBERTSON reports (*Pacific Med. and Surg. Journ.*, Jan. 1876) a case of this which occurred in the practice of Dr. Daniel Ream, near Yreka, Cal. The mother was twice married, had nine children by her first husband, two of them being twins, and five by the second. All three children were females, and together weighed 18 pounds.

"A point worthy of notice is the presentations, all being of the head, the vertex of each child presenting. Another noteworthy point has relation to the placentas, which I had the opportunity of examining. There were two placentas, the larger having one umbilical cord, which the doctor says was attached to the first child. The smaller had two cords attached. The two placentas were connected by narrow, irregularly shaped placental lobes, together with lamellated albuminous tissue. The placental blood-vessels could also be distinctly observed running from one placenta to the other. There were three separate membranes or bags of water, each of which required to be ruptured.

"Mrs. L. felt considerably exhausted after labour, but did well, and was soon able to attend to household duties. She had only the usual amount of flooding, which I believe is exceptional; as it is stated by most obstetrical writers that 'hemorrhage is always to be suspected in plural births.' The after-pains lasted twenty hours, and were quite severe at first.

"The three little girls are living, and seem to be healthy children."

Medical Society of the District of Columbia.—At the annual meeting, held Jan. 3,

the following officers were elected: President, N. S. Lincoln; vice presidents, F. A. Ashford and R. Reyburn; corresponding secretary, G. L. Magruder; recording secretary, C. H. A. Klineschmidt; treasurer, C. W. Franzoni; librarian, A. Patze; board of examiners, A. F. A. King, D. R. Hagner, Wm. H. Triplett, J. T. Young, and C. E. Hagner; board of censors, J. W. H. Lovejoy, A. Y. P. Garnett, and J. Eliot; delegate to International Medical Congress, Philadelphia, to be held in September, Samuel C. Busey.

The Chicago Journal of Nervous and Mental Disease.—The editors of this excellent Journal, Drs. J. S. Jewell and H. M. Bannister, announce that it is to undergo certain changes in its management. Its title is to be changed to *The Journal of Nervous and Mental Disease*; it is to be hereafter published simultaneously in New York and Chicago, and the editorial co-operation has been secured of Dr. Wm. A. Hammond of New York, Dr. S. Weir Mitchell of Philadelphia, and Dr. E. H. Clarke of Boston.

The Louisville Medical News.—This new candidate for professional favour is edited by Dr. R. O. COWLING and W. H. GALT, and is to be published weekly in Louisville, Ky. "This journal undertakes to defend what it considers the right, and to expose shams," the editors state in their announcement. In such an undertaking they are not likely ever to find a dearth of subjects for comment or to have to go far to seek them. We with pleasure welcome it to our exchange list.

The American Journal of Microscopy and Popular Science.—We have received the first two numbers of this monthly Journal published by the "Handicraft Publication Co.," 87 Park Row, New York, at the low price of fifty cents a year. These numbers contain articles which are likely to interest and instruct the general reader.

The Physician's Diary for 1876.—This publication, issued at the office of the Journal of Materia Medica, contains a visiting list, diary, and daily memoranda, obstetric and vaccination records, etc. etc.

Physician's combined Call-Book and Tablet.—This furnishes a useful means of keeping a record of professional visits, and has been prepared by Dr. Ralph Walsh of Washington, D. C. It contains a calendar, a list of doses of medicines, and a few useful formulæ, and is of a convenient size for carrying in the pocket.

OBITUARY RECORD.—Died, at Mount Holly, N. J., Dec. 29, in the 72d year of his age, BENJAMIN H. STRATTON, M.D.

— at Boston, Jan. 9, aged 74, Dr. SAMUEL G. HOWE, founder of the Institution for the Blind, and an active philanthropist.

— at Columbia, S. C., in Oct. last, of pleurisy with effusion, Dr. ROBERT W. GIBBES, formerly Professor of Anatomy and Surgery in the Medical Department of the State University. Dr. G. was an ardent student, had an extensive practice, and enjoyed the esteem of the whole community.

— In Maryland, at an advanced age, Dr. PETER PORCHER, of Charleston, S. C.

— at Charleston, of consumption, Dr. W. F. ROBERTSON, aged 41.

FOREIGN INTELLIGENCE.

A Certain Cure for Rheumatism.—Judging from his article in the *Wiener medizinische Presse*, Dr. FRANZ HELLER is an enthusiast in the administration of caustic ammonia in rheumatism. For several years he had been a sufferer from severe muscular rheumatism in the right shoulder; he had taken all the common anti-rheumatic remedies with but little alleviation, when he began to reason that in rheumatism, as in gout, there may be a uric acid diathesis; he thought that liquor ammoniac, on account of its rapid volatilization, would be the remedy most readily absorbed, and the most prompt in action. In almost the same moment, in which he took one drop, diluted with water, he felt a complete relief from the pain which had lasted for ten hours; he was now able to move freely the arm which, an instant before, he could scarcely bear to have touched. The remedy, he

claims, has proved a positive cure in all recent cases of muscular rheumatism which have fallen under his observation; he cites numerous cases in which relief, as instantaneous as his own, was experienced.

He also observed its effects in several cases of acute articular rheumatism, in two of which six drops sufficed to subdue the pain and swelling within a period of twenty-four hours.

In one case of chronic rheumatism of a finger joint, which had lasted for over half a year, the simple administration of the ammonia completely dispelled the inflammation and pain in the joint within two days.

He then discusses the mode of action of his remedy. "If we consider an excessive acidity as the cause of the rheumatism, we can scarcely claim in the cases in which one drop will instantaneously relieve the pain in recent rheumatism, that that one drop was sufficient to counteract the effects of the excess of uric or (according to Fuller) lactic acid.

"Nothing remains, therefore, but for us to seek for the source of rheumatism in a morbid nervous activity induced by disturbances of nutrition, and to believe that the ammonia acts as a nervine directly upon the nerves."

After the cure of one attack of rheumatism, our object should be to put the patient in such a condition as to prevent their recurrence. This, the writer thinks, can be done by building up the general system, and thus diminishing the nervous excitability.—*Clinic*, Jan. 1, 1876.

Removal of a Wounded Kidney.—M. MARVAUD, Surgeon-Major in an Algerian regiment, relates (*Rev. de Méd. Militaire*, October) the case of a young Arab woman who had been severely wounded in the right lumbar region by means of a long knife or yataghan. The instrument, cutting only on one edge, had a thick back, and on withdrawing it the right kidney was also drawn out of the wound, between the lips of which it remained strangulated. There was considerable hemorrhage, but this soon stopped. A silk ligature was passed around the pedicle of the extruded

organ, and at the end of some weeks the kidney was separated—the patient continuing in good health the whole time, and the secretion of urine being normal. She was discharged perfectly well two months after admission.—*Med. Times and Gaz.*, Dec. 18, 1875.

Ulcerated Nipples.—M. LEGROUX advises the following treatment: Spread with a camel-hair brush a layer of elastic collodion around the nipple, in a radius of an inch or more; a piece of gold-beater's skin should then be placed over the nipple and collodion, taking care to make a few holes with a pin over the part of the gold-beater's skin which covers the nipple, so as to allow the milk to ooze through. No collodion should be spread on the nipple itself, as some pain might thereby be occasioned. By the rapid evaporation of the ether the collodion dries up, and the gold-beater's skin adheres. The nipple is then more or less pressed down by the latter, which in drying becomes tense. When the child is to be nursed, the end of the nipple should be wetted with a little water. The gold-beater's skin which covers it becomes soft and supple, allows the nipple to swell, and protects the ulcers and fissures from the strain of suction. The mother or wet-nurse thus suffers no pain, and the ulcers heal in a few days.—*Lancet*, Dec. 11, from *Annales de Gynécologie*, Nov. 1875.

Citrate of Iron and Quinetum.—This is a new salt, which, like the citrate of iron and quinia, is in thin scales, of a greenish golden-yellow colour, and readily dissolves in water, forming a clear solution.

The process of Dr. de VRIJ for obtaining all the alkaloids of the East India red bark (to which have been given the name Quinetum), and the introduction of the sulphate by Mr. Whiffin, promise to be of great importance both in commerce and therapeutics. It appears to be well established that every one of the chin-chona bark alkaloids is possessed of antiperiodic properties; and quinia is generally considered the most powerful and

certain in intermittent and remittent fevers. The relative value of the whole group as they exist in the bark, however, has not been at present experimentally determined, although the presumption is that the alkaloids collectively may prove to be in some respects more efficacious than any one of them when separately employed.

Many practitioners have expressed the opinion that quinia alone does not fully represent the remedial powers of the bark in substance. Is this opinion based upon experience in the employment of these remedies as general tonics and restoratives, or as antiperiodics? The citrate of iron and quinia, for the most part, is employed as a tonic and restorative, and we may fairly anticipate that the citrate of iron and quinetum will be found to equal, if not to excel, in efficacy the corresponding salt of quinia for these purposes. At the same time, a considerable saving will be effected by its use, it being cheaper than quinia; and, as the employment of the latter is much restricted by its costliness, we may hope the introduction of quinetum and its salt will prove a very general advantage.—*Lancet*, Dec. 18, 1875.

Subcutaneous Injection of Water.—Dr. LÉLUT, in a communication to *L'Union Médicale* of October 5th, states that, during the last three months, he has employed subcutaneous injections of water only for the relief of pain, with the most successful results. He relates how he was induced to adopt this method of treatment by pure accident. He had left a bottle containing a solution of morphia on his desk. His servant upset the bottle, and filled it with water to conceal her carelessness. The next day Dr. Lélut, having occasion to repeat a hypodermic injection in the case of a patient suffering from sciatica, used the liquid from the usual bottle. When he saw his patient the next day, he found him in a most lively frame of mind, and was thanked by him in the following terms: "Oh! doctor, how grateful I am to you. You relieved all my pain without making me feel sick."

He was astonished at this result in a patient who had suffered from nausea and vomiting after each injection. He naturally proceeded to examine the solution used, and was astonished to find only pure water in the bottle. He repeated the experiment during the ensuing days on several patients, and invariably found that he gave them relief and avoided nausea and vomiting; he has consequently, as above stated, continued to employ the same plan from June last up to the present time, with, as a rule, satisfactory results.—*Brit. Med. Journ.*, Nov. 27, 1875.

Chloride of Lead as a Deodorizer and Disinfectant.—Dr. R. H. GOOLDEN calls attention (*Lancet*, Dec. 11, 1875) to the value of chloride of lead, which he says is the most powerful and economical deodorizer and disinfectant.

To prepare it for use he directs to take half a drachm of nitrate of lead, dissolve it in a pint or more of boiling water, then dissolve two drachms of common salt in a bucket of water, and pour the two solutions together; allow the sediment to subside. The clear supernatant fluid will be a saturated solution of chloride of lead. A cloth dipped in this solution and hung up in a room will sweeten a fetid atmosphere instantaneously, or the solution thrown down a sink, water-closet, or drain, or over a heap of dung or other refuse, will produce a like result. Even the tarnishing of gold and silver plate may be prevented by a rag dipped in the solution being hung up in the room or window where it is exposed.

He relates some striking instances of the instantaneous and efficient action of this preparation.

Deaths from Chloroform.—A recent death from chloroform in the practice of Mr. Chesshire, one of the surgeons of the Birmingham Eye Hospital, presents some peculiar features. The patient was a gardener, forty-two years of age, who had received a gunshot wound in his right eye while beating for game on the 16th ultimo. The safety of the other eye being endangered, Mr. Chesshire recommended extirpation of the affected eye-

ball. Forty or fifty drops of chloroform were administered on a towel, and the patient "immediately became semi-unconscious." The operation was commenced, but, the patient not appearing to be sufficiently under the influence of chloroform, forty or fifty drops more were given. Mr. W. M. Jackson, of Smethwick, noticing a failure in the patient's pulse, at once seized him by the feet and lowered his head. He afterwards practised artificial respiration, but the man died in about half an hour from the time of the first administration of the chloroform. The patient had no disease of the heart, and was free from excitement prior to the operation. It is remarkable how small a quantity of chloroform proved fatal in this case; probably not more than two drachms were used altogether, and every precaution was taken in the administration of the drug, and yet death resulted.—*Lancet*, Dec. 11, 1875.

"We have heard of another death recently in London," it is stated in the *Brit. Med. Journ.* (Dec. 11), "in the practice of a metropolitan hospital surgeon, and of which we have seen as yet no public notice."

Sudden Death after Thoracentesis.—Two cases of this have been noticed in our previous Nos. (Sept. p. 188, and Dec. p. 185), another has been reported by M. Vallin (*Gaz. des Hôpitaux*), and the subject has lately been brought forward at the *Soc. Méd. des Hôp.*, by M. M. Raynaud, who reported three cases of the kind. The cause of this accident gave rise to much discussion, and it is still left in doubt. M. Libermann quoted a case to prove that sudden death after thoracentesis may be merely a coincidence, and due to causes altogether independent of this operation. It was that of a soldier, twenty-four years of age, who had never been previously ill, and who came into hospital with all the signs of pleuritic effusion of the right side. Palpation of the abdomen was painless. He never complained of any abdominal pain, and the constipation from which he suffered was overcome by two doses of rhubarb. The effusion not yielding to blisters, Dieu-

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infant's aspirator was used. The fluid quickly reaccumulated, and a fresh tapping was required five days afterwards. A third puncture eight days afterwards gave exit to 1500 grammes of fluid, which was altogether purulent. Half an hour after the eighth tapping, which was performed in the usual way, the patient had a desire to go to stool. He was lifted and supported on the vessel; he meanwhile suddenly became pale, and died after passing a quantity of sero-sanguinolent fluid. At the post-mortem examination it was found that the several punctures had caused no local disturbance, and that death had been caused by hemorrhage from the arteria gastro-epiploica dextra, owing to a perforating ulcer of the duodenum which had not been known of during life. The liver, spleen, and kidneys presented numerous points of granulo-fatty degeneration. The stomach, duodenum, and jejunum were distended with gas, liquid, and a solid elastic body, which, on opening the stomach, was seen to be an immense blood-clot bathed in the serum which had been exuded from it. On the posterior surface of the duodenum was a round ulcer destroying the whole thickness of the intestinal wall, its base being formed by the pancreas, to which the sharply cut margins were adherent.—*Med. Times and Gaz.*, Dec. 11, 1875.

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Probable Reduction of Intussusception by Copious Injections with the Body Inverted.—In the following cases the value of copious injections, while the pelvis was raised, was well exemplified.

An infant, aged seven months, came under care Sept. 26, 1874. On the previous morning it was taken ill suddenly, began to strain to pass a motion, seemed in pain, and passed only blood and slime, and was sick. Mr. Butlin and Dr. Dixon, of Victoria-park, saw the child, and suspected that intussusception had occurred. Air was injected with a pair of bellows, but no relief followed. When seen, about thirty hours after the commencement of the symptoms, the child was straining constantly, as if about to pass a motion, and seemed in pain. A finger passed up the rectum encountered some obstruction

high up, which felt as if it might be the lower end of an intussusception, but it was so high up that this could not positively be stated to be the case. When withdrawn, the finger was covered with blood and slime. No definite tumour could be felt on the left side through the abdominal wall.

A quantity of lukewarm water was injected into the rectum while the child was held up by the feet. As large a quantity as possible was injected. The child seemed relieved immediately the fluid was allowed to run out, and on examination by the rectum no sensation was communicated to the finger similar to that felt before the injection. When seen the next day, the child seemed quite lively and well, and had remained so when heard of some time later.

Straining, accompanied by the passage of blood and slime by the rectum, and the presence of blood and slime in the rectum, detected on examination, are so fairly characteristic of the occurrence of intussusception in children, that the diagnosis in this case admits of little doubt. It is confirmed by the probable presence of a bulging within the rectum, and by the great and immediate relief which followed the treatment adopted. It is probably not very material whether air or water be injected, but it is very important to have the patient held up by the heels. Mr. Hutchinson has repeatedly insisted on this. An American physician (Dr. Battey) has lately stated that fluid can be made to gravitate slowly through the ileo-cæcal valve, along the whole tract of the small intestine, through the stomach, and even out of the mouth. However this may be, there can be no doubt that in certain cases of obstruction of the bowels the injection of copious enemata during or followed by inversion of the body, and, if necessary, whilst the patient is under the influence of chloroform, is succeeded by complete relief, even where the symptoms are very acute. A case of this sort came under Mr. Tay's care at the London Hospital in 1872. It is sometimes difficult to ascertain when the injection has been carried far enough in cases of intussusception. A child aged fifteen months was taken to the North-

Eastern Hospital on June 30, 1870, suffering from an intussusception of twelve hours' duration. It could be felt just within the anus. The child was sick, had passed blood and mucus, and seemed in great pain. The invagination could not be replaced with the finger, but when warm water was freely injected, the tumour which had been felt slipped out of reach, and great relief was apparently afforded the child. It was considered that the intussusception had been reduced. The child, however, continued to pass only bloody slime, and when seen the following day some tumour could be detected as high up as the finger would reach. A copious injection was again thrown up, while chloroform was given, and the child was inverted, but no change was produced in the symptoms. The child lived for six days altogether, and at the post-mortem an exceedingly short invagination of the transverse into the descending colon was found. There were no traces of peritonitis, and the invagination was easily reducible. Probably more perseverance at first, after the injection had seemed successful, would have completed the release of the bowel. This case showed the fallacy of being deterred from operative procedures on the supposition that peritonitis must necessarily have set in and that the parts were glued together.—*Lancet*, Jan. 1, 1876.

Importance of Accurate Vision in Engine-drivers.—Mr. SPENCER WATSON, in a short communication to the *Medical Times and Gazette* (Dec. 11, 1875), says that "passengers by express trains would be somewhat uneasy, not to say alarmed, if they were aware that it is a matter of some uncertainty whether the engine-driver of the train in which he is travelling is or is not suffering from commencing amaurosis. That such a state of things, however, is not only possible, but actually exists, the following case has convinced me. A man has been attending at the Central London Ophthalmic Hospital during the last three weeks, whose sight is so defective that objects which he ought to see distinctly at 200 feet can only be seen at twenty. On ophthalmoscopic examination I find

indications of commencing atrophy of the optic disks, and nebulae of both cornea. He smokes about half an ounce of tobacco daily. I at first did not know that this man was an engine-driver, but the patient himself at length suggested that perhaps it would be well, now the 'snow and fogs' were coming on, that he should give up work in order 'to prevent accidents.' In this view I immediately concurred, and wrote to the secretary of the company in whose service the man was. I hope, therefore, that he will no longer be the driver, as he was up to last Wednesday, of one of the fastest and most important express trains in England. Comment is, I think, unnecessary.

"This patient informs me that he 'never killed but one man,' and that was his (the victim's) own fault."

Visit of Prof. Depaul to Brazil.—The *Paris Figaro* of Dec. 1 contains an account of an interview which the writer, M. Adrien Marx, had had with Professor Depaul, the famous obstetrician, since his return from Brazil, whither he went to attend the Imperial Princess, the Countess d'Eu, in her confinement. A few particulars from the article may interest our readers. It appears that after nine years of sterile married life, the Countess, the daughter of the Emperor of the Brazils, became pregnant after consulting Dr. Depaul in Paris, and following the treatment he recommended; but the child which was born, was born dead. She became again pregnant, and this time the Emperor solicited Depaul to come out himself, and conduct the delivery; and he at last was persuaded to go. On his arrival at Rio Janiero he met with a most frigid reception from almost every one except the immediate attendants of the Princess. The newspapers were against him, and the native physicians gave him the cold shoulder. Although he personally visited the medical men connected with the Court, on the day of the accouchement he found himself at the bedside of the Princess alone and without assistance. Only the Count d'Eu, the son of the Duc de Nemours, was unwearied in his devoted attention to his wife. After a thirteen hours' labour,

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which had to be ended with the forceps, a baby weighing twelve pounds (livres) was at last brought into the world; but for an hour it was doubted whether it would survive, and it was only after artificial respiration and other measures had been vigorously tried that it gave signs of life. However, it is now a healthy child. The most curious and amusing feature about Dr. Depaul's visit was the revulsion of public opinion in his favour when the successful result of his visit became known. The papers praised him, his *confrères* congratulated him, and the academies and scientific bodies sent him crowns and addresses; he was invited to banquets, and was *féted* in a wonderful way. "After the event," says Depaul, "my room was never empty from morning till night, and I was obliged, in spite of a determination to the contrary, to give consultations. In less than eight days, 15,000 francs worth of piastres were laid on my table as fees." Professor Depaul has certainly good reason to be satisfied with his trip across the ocean.—*Med. Times and Gaz.*, Dec. 11, 1875.

Prof. D. is said to have been tempted to go to Brazil by the offer of fifty thousand dollars as a fee, and ten thousand dollars for his expenses.

Paris Medical Faculty.—On account of the laborious character of the duties required of the Dean of this Faculty, it has been decided to appoint as assistants two Vice Deans or assessors. In compliance with this arrangement, Prof. Vulpian has been elected Dean, in place of Prof. Wurtz, recently resigned, and Professors Sappey and Broca as his assessors. By a recent decree of the Minister of Public Instruction M. Wurtz has been nominated honorary Dean.

Rotunda Lying-in Hospital, Dublin.—Dr. LOMBE ATTHILL has been chosen Master of this famous institution in place of Dr. George Johnson, whose term of office had expired.

Private Free Dispensaries.—Vienna medical men are very much excited just now over the question of private free dispensa-

ries as a mode of advertising the specialties of their originators, and the medical journals are warmly denouncing these institutions.—*Medical Record*, Oct. 2, 1875.

Roughing Horses.—Every physician is aware of the risks of injury and the delay occasioned during winter in driving over ice-covered streets and roads. Mr. Fleming, of the Royal Engineers, it is stated (*The Sanitary Record*, Dec. 11), has tried a plan suggested to him from Russia, which he strongly recommends, and which is free from the objection of great expense. It consists simply of punching a square hole in each heel of the shoe, which in ordinary weather may be kept closed by a piece of cork. In frost the cork is removed, and a steel spike inserted. If this steel "rough" be made to fit the hole exactly, it remains firm in its place, and is not liable to break off short at the neck like some of the screwed spikes. If Mr. Fleming's suggestion were widely adopted, the square steel spikes could be supplied at a very low figure, as machinery could be made to turn out three or four different sizes, each of uniform gauge, and the farriers could punch the holes to fit them with great exactness. We commend this plan to the notice of the large horse-owning firms, believing that it only requires a trial to establish it as the best system of "roughing" extant.

OBITUARY RECORD.—Died, suddenly, from fatty degeneration of the heart, in London, Dec. 7, Mr. ACTON, the author of numerous well-known works concerning the diseases of the urinary and generative organs, prostitution, and allied subjects.

— at Christiania, Norway, on the 10th of December last, Dr. WILHELM BOECK, well known by his peculiar views in regard to the treatment of syphilis by syphilization. He had many friends, but made few if any converts to his practice.

— at Padua, Dec. 7, aged 63, Dr. VINCENZO PINALI, Professor of Clinical Medicine in the University of that city. He has left his library to the School of Medicine, and a capital of \$100,000 for maintaining it.

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it is, the text-book of every student who is in search of ascertained truths, carefully winnowed from the chaff of unprofitable discussions.—*Charleston Med. Journ. and Review*, Jan. 1876.

The style is clear, the arrangement admirable, and the figures excellent. Though much increased in bulk, it is still a moderately-sized volume. Every chapter bears evidence of a careful revision, and all the most important and trustworthy facts of recent physiological science have been incorporated.—*Canada Med. and Surg. Journ.*, Jan. 1876.

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Perhaps the most useful one the student can procure. Some important additions have been made by the editor, in order to adapt the work to the profession in this country, and some new illustrations have been introduced, to represent the obstetrical instruments generally employed in American practice. In its present form, it is an exceedingly valuable book for both the student and practitioner.—*New York Med. Journ.*, Jan. 1876.

In about two years after the issue of this excellent treatise a second has been called for. We regard the treatise as thoroughly sound and practical,

and one which may with confidence be consulted in any emergency.—*The London Lancet*, Dec. 11, 1875.

The appearance of a second edition of this System is the fulfilment of the prophecy which we made in a former review, that the book was destined to "become a favorite." The additions by Dr. Parry are usually not abundant, but certain places which are pointed out as the weak part of Dr. Leishman's handicraft have been greatly strengthened by abundant and very judicious addenda.—*Phila. Med. Times*, Dec. 25, 1875.

HENRY C. LEA—Philadelphia.